## NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly				$\sim$	_		١,,
Full Name MKHARL 6		Work /	Address Aconia	SAVMOR BANK 62			0 3
Primary Occupation Barne	Executivo	e-mail *optional			Work Phone	527-324	197-
Name of office, appointment, or employment with government	BelknapC	outy Measur	e/				
A. List below the name, addres proprietor, or employee, or sen calendar year. Sources of retiren	ved in any other profess	ional or advisory capacity,	and from which any	income in excess of			
1. Acria Suivar	BANK 62 Pleas	sat So LACONS	2 H 03 CHG	BANKING EX	cuture V.	ce Piride	₽ <b>₩</b>
2.						<u></u>	
3.							25 20 NP.
If you have no qualifying income	indicate by writing your	initials next to the followin	g statement.	My income does r	not qualify	-	MAR W H/
B. Indicate below whether you or reportable special interest in an discipline a licensee or permittee financial effect on you or a family	item on this list if a chang e, or other decision by go	e in law, a change in admir vernment affecting the liste	nistrative rule, a decisi	on whether or not to a	ward a contract	t, grant a license o	r permît, Ц
1. Any profession, occup	ation, or business license	d or certified by the State o	f New Hampshire. Lis	t each such profession	, occupation, o	r category of busir	iess
☐ 2. Health Care ☐ 3. In	surance II	al Estate, including brokers, t, developers, and landlord		ng or financial		f New Hampshire, employment	county, or
7. N.H. Retirement System	8. Current use lan assessment progra			<ol><li>Sale and distribution of the second second</li></ol>	on of alcoholic	T 11. Pr	ractice of
12. Any business regulated Utilities Commission	by the Public	13. Horse or dog racing, of gambling	, or other legal forms	14. Education	15. Wate	er Resources	
l la Adriculture	17. N.H. Busines Profits T		Interest and Dividends Tax	18. Optional: Sp special inte		area in which you	have a
I have read RSA 15-A and hereby RSA 15-A:9 Penalty. Any person provisions of this chapter or kno of a misdemeanor.	n who knowingly fails to d	comply with the			N		200 J
			Signatur	e of Reporting Individu	ıal	Date	